MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93d)

02025

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH:
County Howard
City or town West Friendship
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Sykesville Rd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland, County Howard
City or town West Friendship Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Sykesville Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Chloe Alverta Anderson
3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Charles H. Anderson
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Mar. 6, 1869
8. AGE: Years 70 | Months 11 | Days 16 | If less than one day ____ hrs. ____ min.
9. Birthplace: Laytonsville Mont. Co. Maryland (Town, county, and state)
10. Usual occupation: House
11. Industry or business: Own Home
FATHER 12. Name: Samuel Easton
13. Birthplace: Maryland.
MOTHER 14. ~~Maiden~~ name: Fannie Thompson
15. Birthplace: Maryland.
16. Informant: Chas. H. Anderson
Address: West Friendship Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 24, 1940 (month) (day) (year)
Cemetery or crematory: Providence Cemetery
Location: Glenelg Md.
18. Funeral director: Easton Sons
Address: Ellicott City
19. Feb 24 1940 (Date rec'd by registrar) Alice W. Hebb, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 1940, at 4.15 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 1936, to Feb. 22 1940, and that I last saw her alive on Feb. 22 1940.

Immediate cause of death	DURATION
Myocarditis	1 yr
Due to Arteriosclerosis	5 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE [signature] M.D. (M. D. or other)
Address Ellicott City Md. Date signed 2/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02026

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (3)

County Howard Registration Dist. No. 196

Village or City Clarksville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Bell

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) ~~Oct~~ Feb 11 1941

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard Co
(State or country)

FATHER

13. NAME Albert Bell

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Catherine Johnson

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Albert Bell
(Address) Brookeville R F D

18. BURIAL, CREMATION, OR REMOVAL
Place In town Date , 19

19. UNDERTAKER None
(Address)

20. FILED Feb 12, 1941 S A Nicholls
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 11 (Day), 1941 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 died, 1941, to Feb 11, 1941

I last saw him alive on Feb 11, 1941; deeth is said to have occurred on the date stated above, at 4 4 m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importence were as follows:

	Date of onset
Premature birth at about 5th month of pregnancy	
Due to Pneumonia of mother	

Other **Contributory Causes** of importence:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S A Nicholls M. D.

(Address) Clarksville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
MAR 3 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02027

1. PLACE OF DEATH

County Howard Registration Dist. No. 190

Village or City Elkridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Franklin Barrett Social Security # None

(a) Residence: No. St Augustine ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Dorothy Bach

6. DATE OF BIRTH (month, day, and year): June 9 1869

7. AGE: Years 70 | Months 7 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Supervisor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: maintenance of way Dept B&O R.R.

10. Date deceased last worked at this occupation (month and year): Retired 1933

11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (city or town) (State or country): Ellicott City Md.

FATHER

13. NAME: William H. Barrett

14. BIRTHPLACE (city or town) (State or country): Woodstock Howard, Co. Md.

MOTHER

15. MAIDEN NAME: Elizabeth Loud

16. BIRTHPLACE (city or town) (State or country): Howard, Co. Md.

17. INFORMANT (Address): William F. Barrett Elkridge, Md.

18. BURIAL, CREMATION, OR REMOVAL: Melville M. E. Cemetery Elkridge Md. Date Feb. 9, 1940

19. UNDERTAKER (Address): Earp + Stiffler Elkridge Md.

20. FILED Feb. 8, 1940 (Miss) E. Bird Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1939, to Feb 6, 1940

I last saw him alive on Feb 6, 1940; death is said to have occurred on the date stated above, at 10 15/8 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency & Decompensation	Feb 1939

Other Contributory Causes of Importance:

General arteriosclerosis	
Senility, Secondary	?
Anemia	

Name of operation: none Date of

What test confirmed diagnosis? Heart Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. B. Brembaugh M. D.

(Address) Elkridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

02028

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:
County Howard
City or town Elkridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Blvd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Va. County Chesterfield
City or town Ettrick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 7 Lee St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Olivia Ann Crowder

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or ~~wife~~ John Wesley Crowder
6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct 5 1873

8. AGE: Years	Months	Days	If less than one day
66	4	19	hrs. min.

9. Birthplace Ettrick, Va.
(Town, county, and state)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name George Ellington
13. Birthplace Ettrick Va.

MOTHER
14. Maiden name Emma Hardy
15. Birthplace Ettrick Va.

16. Informant Mrs J. W. Williams
Address Elkridge Md

17. Burial Date thereof Feb 26, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or ~~crematory~~ Blandford Cemetery
Location Petersburg Va.
18. Funeral director Earp + Stiffler
Address Elkridge, Md.

19. Feb 24 1940 Mrs J. W. Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1940, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937 to Feb 24 1940, and that I last saw h alive on Feb 23 1940.

Immediate cause of death	DURATION
(a) Paralysis Agitans	3 yr.
Due to (b) Arteriosclerosis	3 yr.
Due to (c) Cerebral Hemorrhage	10 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Willard Larson M.D.
M. D. or other
Address Hopewell Va. Date signed 2/24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

02029

Reg. Dist. No. 193

1. PLACE OF DEATH:

County Howard Co

City or town Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard

City or town rural near Florence Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Patricia Jean Davis

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1940

8. AGE: Years 0 Months 0 Days 0 If less than one day 0 hrs. 0 min.

9. Birthplace Howard Co. Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Millan Mike Davis
13. Birthplace Tenn.

MOTHER
14. Maiden name Cordie Bina Barnard
15. Birthplace Tenn

16. Informant Mrs. Mike Davis

Address Woodbine, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Feb. 3. 1940
(month) (day) (year)

Cemetery or crematory Mt Lebanon

Location Mt. Lebanon Damascus

18. Funeral director H. M. Snyder

Address Mt. Airy

19. Feb. 5 1940 E. Pearl Mercer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Prolapsed Cord

Still birth

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Stanley Grabill
M. D. or other

Address Mt Airy Md Date signed Feb 3, '40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

02030

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town Ellicott City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World war

3. (a) FULL NAME Nathaniel McDuriell

3. (b) Social Security Number Unable to Locate, if any

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1899

8. AGE:

Years	Months	Days	If less than one day
40	1	28	hrs. min.

9. Birthplace Lynchburg Va.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant Mary Blackwell
Address Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-9-40 (month) (day) (year)

Cemetery or crematory Baltimore National
Location Baltimore Md

18. Funeral director J. C. Higinbotham & Jr
Address Ellicott City Md

19. Feb. 8, 1940 (Date rec'd by registrar) John B. Laughran. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1940, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-31 1939, to 2-7 1940, and that I last saw him alive on 2-7 1940.

	DURATION
Immediate cause of death Rheumatic Cardio-Vascular Disease	2 yr.
Due to —	
Due to —	
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George E Burgtorf M.D.
M. D. or other
Address Ellicott City, Md. Date signed 2-7-40

FEB 12 1940
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02031

1. PLACE OF DEATH

County Howard — Registration Dist. No. 195

Village or City Laurel, Md — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Emma Bernice Elliott — If U. S. Veteran, specify WAR —

(a) Residence: No. Laurel, Md — St., — Ward. — If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 13, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	8 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Laurel, Md (State or country)

FATHER

13. NAME Ernest Elliott

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Emma Deane

16. BIRTHPLACE (city or town) Brightwood, D. C. (State or country)

17. INFORMANT Alfred Elliott (Address) Laurel, Md.

18. BURIAL, CREMATION, OR REMOVAL Place On Premises Date 2/14/40, 19

19. UNDERTAKER Alfred Elliott, acting (Address) Laurel, Md.

20. FILED 2/14/40, 19 Frank Shipley, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1940, to Feb 13, 1940

I last saw h~~e~~r ~~alive~~ on Feb 13, 1940; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn	
Other Contributory Causes of Importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) J. McGarvey M. D.

(Address) Laurel Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED MAR 5 1040 BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a)

02032

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:

County Howard.

City or town Lisbon, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard.

City or town Lisbon, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Merriman A. Fisher

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband~~ or wife Lake Nellie Fisher

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1852

8. AGE: Years 88 | Months 1 | Days 3 | If less than one day hrs. min.

9. Birthplace Howard Co. Maryland
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business John

FATHER
12. Name ~~Henry~~ Fisher
13. Birthplace Md.

MOTHER
14. Maiden name Sarah Grover ~~Eliza McNelty~~
15. Birthplace Md.

16. Informant Mrs. Francis E. Esworthy

Address R.D. Marriottsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 14, 1940 (month) (day) (year)

Cemetery or crematory Harmony Cemty.

Location Mt. Cooksville Md.

18. Funeral director C. M. Waltz

Address Winfield Md

19. Feb -14- 1940 (Date rec'd by registrar) E. Earl Mercin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1940, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 6 1940, to Feb 11 1940, and that I last saw him alive on Feb 10 1940.

Immediate cause of death Acute Uremia — DURATION 2 days

Due to Chr. Interstitial Nephritis — ?

Due to La Grippe — 5 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Stanley Grabill M. D. or other

Address Mt Airy, Md Date signed 2/13/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

02033

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town Ellicott City
(If outside city or town limits, write RURAL, NEAR and give town)
Street address, hospital, or institution Main St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If of foreign infants give residence of mother)
State Maryland County Howard
City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL, NEAR and give town)
Street No. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Harriett J. Fissell

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Walter S. Fissell
6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1880

8. AGE:

Years	Months	Days	If less than one day
59	2	21	hrs. min.

9. Birthplace Raleigh, North Carolina (Town, county, and state)
10. Usual occupation Home Wife
11. Industry or business Own Home

FATHER
12. Name Taylor Leonard
13. Birthplace North Carolina

MOTHER
14. Maiden name Elizabeth Baker
15. Birthplace North Carolina

16. Informant W. J. Fissell
Address Ellicott City Md.

17. Burial Date thereof Feb. 13, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St Johns Cemetery
Location Ellicott City Md

18. Funeral director Easton Sons
Address Ellicott City Md

19. Feb. 13, 1940 John B. Leuchmann
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1940, at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1939, to Feb. 10 1940, and that I last saw her alive on 2-10-40 1940

Immediate cause of death	DURATION
Coronary Thrombosis	instant
Due to Diabetes	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George E. Bengtorf M.D.
(M. D. or other)
Address Ellicott City Date signed 2-12-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

02034

CERTIFICATE OF DEATH

Reg. Dist. No. 11

1. PLACE OF DEATH:
County Howard
City or town Ellicott City.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main St.
Stay in hospital or inst. (yrs., or mos., or days) Life.
Stay in this community (yrs., or mos., or days) Life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard.
City or town Ellicott City. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Samuel Knox George

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 20, 1873

8. AGE: Years 66 | Months 9 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace Columbia, Howard Co. Maryland
(Town, county, and state)

10. Usual occupation Farmer, Retired

11. Industry or business

FATHER
12. Name Samuel Knox George
13. Birthplace Maryland.

MOTHER
14. Maiden name Ella Carter George
15. Birthplace Maryland.

16. Informant Carter George
Address 1537 W. La Fayette Ave., Baltimore Md

17. Burial (Burial, cremation, or removal) Date thereof Feb. 9, 1940 (month) (day) (year)
Cemetery or crematory St. Johns Cemetery
Location Ellicott City Md.

18. Funeral director Eastow Sons
Address Ellicott City

19. Feb. 9, 1940 (Date rec'd by registrar) John B. Laughman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1940, at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-7 1940, to 2-7 1940, and that I last saw him alive on no date 19____.

Immediate cause of death	DURATION
Coronary Thrombosis	2 wks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE George E. Burgdorf M.D.
Deputy Medical Examiner M.D. or other
Address Ellicott City, Md. Date signed 2-7-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

FEB 14 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170)

CERTIFICATE OF DEATH

02035

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Howard

City or town Waterloo (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State District of Columbia County

City or town Apt. Tudor Hall Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 10th & Massachusetts Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Richard Coulter Drum Hunt

3. (b) Social Security Number 577-20-3836

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs. Helen Hunt

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 14, 1884

8. AGE: Years	Months	Days	If less than one day
56	9	22	____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Major in Calvary

11. Industry or business #306 Reserves

FATHER 12. Name Lieutenant Henry J. Hunt

FATHER 13. Birthplace Indian Territory Okla.

MOTHER 14. Maiden name Henrietta Morgan Drum

MOTHER 15. Birthplace California

16. Informant John C. Hunt

Address Rockville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 10, 1940 (month) (day) (year)

Cemetery or crematory Removal to Bethesda Md.

Location Arlington National Cemetary

18. Funeral director William Reuben Pumphrey

Address Bethesda, Md.

19. Feb. 6, 1940 (Date rec'd by registrar) John B. Laughlin, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 6 1940, at 6 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 - 6 1940, to 2 - 6 1940, and that I last saw him alive on ____ date 19____

Immediate cause of death fracture of Skull and Spine — DURATION instant

Due to Auto accident

Due to ____

Other conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 2-6-1940

Where did injury occur? Waterloo (City or town) Howard (County) Md. (State)

Injured at home, farm, industry, public place (where?) Washington Blvd.

Means of injury Auto accident Injured at work? no

23. SIGNATURE George E. Bunting M.D.

Deputy Medical Examiner M. D. or other Howard Co. md.

Address Ellicott City, Md Date signed 2-6-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

02036

Reg. Dist. No. 192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Howard

City or town: Daytown, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Marylands County: Howards

City or town: Daytown, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie V Manakee

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife: John W Manakee

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 23, 1856

8. AGE: Years: 83 | Months: 4 | Days: 18 | If less than one day: hrs. min.

9. Birthplace: Braggsville, Md.
(Town, county, and state)

10. Usual occupation: At home

11. Industry or business

FATHER — 12. Name: John Cole

13. Birthplace: Md

MOTHER — 14. Maiden name: Unknown

15. Birthplace: "

16. Informant: Mrs. Owen Howard

Address: Daytown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-14-40 (month) (day) (year)

Cemetery or crematory: St Louis

Location: Clarksville, Md.

18. Funeral director: H. Higinbotham Jr.

Address: Ellicott City Md.

19. Feb 13 1940 (Date rec'd by registrar) L A Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 12 1940, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from about Jan 1 1940, to Feb 12 1940, and that I last saw her alive on Feb 11 1940.

Immediate cause of death	DURATION
Infirmities of age and Valvular Heart	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: L A Nichols M. D. or other

Address: Clarksville Date signed 2-13-40

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MAR 5 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-a)

02037

CERTIFICATE OF DEATH

Reg. Diat. No. 195

1. PLACE OF DEATH:
County Howard
City or town Laurel Md R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Laurel R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Richard F. Mercer

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Ella L. Mercer
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1851

8. AGE: Years 89 | Months m | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Cabinet-maker
11. Industry or business B.&O.R.R. Co.

FATHER
12. Name James Mercer
13. Birthplace Md

MOTHER
14. Maiden name — Vaupelt.
15. Birthplace Unknown

16. Informant Mrs Maud Coon
Address Laurel Md R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 12th 1940 (month) (day) (year)
Cemetery or crematory Mt. Olivet
Location Baltimore Md.

18. Funeral director Lloyd Kaiser
Address Guilford Md.

19. 2/11/40 (Date rec'd by registrar) 19 Frank S. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2 1940, to Feb 8 1940, and that I last saw h[im] alive on 2-8- 1940.

	DURATION
Immediate cause of death Acute Cardiac Dilatation	2-6-40
Due to Chr. Interstitial Hypostatic Pneumonia	10 00
Due to Acute Bronchitis	2-2-40
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B. Warren M. D. or other
Address Laurel, Md Date signed 2-10-40

FEB 20 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (118A)

CERTIFICATE OF DEATH

02038

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town Savage
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 28 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Howard
City or town Savage. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elton V. Ridgeway

3. (b) Social Security Number none.

4. Sex F
5. Color or race W
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Wm. Thos. Ridgeway
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 15th 1871
8. AGE: Years 68 Months 10 Days 3 If less than one day hrs. min.
9. Birthplace Va (Town, county, and state)
10. Usual occupation housework
11. Industry or business
FATHER 12. Name Byrd Clapsaddle
13. Birthplace Va.
MOTHER 14. Maiden name Margaret H. Hottle
15. Birthplace Va
16. Informant Mrs Monroe Collison
Address Savage Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 20th 1940 (month) (day) (year)
Cemetery or crematory Savage Md
Location Savage
18. Funeral director Lloyd Causer
Address Laurel Md.
19. 2/20/40 19 (Date rec'd by registrar) Frank Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19/40 19 at 1.15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ✓ 19 , to ✓ 19 , and that I last saw h ✓ alive on ✓ 19 .

Immediate cause of death Carbon-monoxide poisoning from Illuminating Gas. - accidental. — DURATION

Due to Leak in Gas line.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none.
Of autopsy none.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 2/19/40
Where did injury occur? Savage, (City or town) Howard Co. (County) Md. (State)
Injured at home, farm, industry, public place (where?) at home.
Means of injury Gas poisoning Injured at work? No.

23. SIGNATURE Frank Shipley acting deputy medical Examiner, M. D., or other for Howard Co.
Address Savage, Md. Date signed 2/19/40

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